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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1944

Registration District No.

Primary Registration District No. 6010

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Randolph
(b) ~~City~~ town, ship, or Sugar Creek Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Annie Cleeton

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. B. Cleeton 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased Dec. 30 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 2 hr. min.

9. Birthplace. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Thomas Yeager
13. Birthplace. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Sallie B Christian
15. Birthplace. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant H. B. Cleeton
(b) Address R. F. D. 5, Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Malcolm Anderson

(b) Address Moberly, Mo.

19. (a) 5-3-44 (Date received local registrar) (b) Anna Hulse (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly, R. F. D. 5
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1944 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 15
1944 to May 2, 1944
that I last saw him alive on May 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Neurothorax
Due to Coronary Arteriosclerosis 2nd to
Coronary Arteriosclerosis

Due to
Other conditions Hypertension, Ch. Dysrhythmia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 f
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. E. Bruff (M. D. or other)
Address Moberly Date signed 5-4-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 1 1953

RECEIVED
District Health Officer No. 10
District File Number 6-44-1072-2
Date Filed JUN 9 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank S.D. Witt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.